



PTSD in Asian and Pacific Islanders: Medical 4 Written Video Transcript

Medical providers, strive to be aware of signs, symptoms and issues that clients bring. Dialogue can gently move toward other issues that may not be so forthcoming. Ask about any experiences they believe were racially based. Take your time to listen to their story. In your efforts to get [00:00.20.00] to know your client, be open to culturally based ideas and treatments of trauma and the western medical model of PTSD. Western medicine has its advantages and may be integrated with practices that connect the individual to his or her cultural roots. This may be especially important to the Asian-American and Pacific Islander [00:00.40.00] veteran who like many others may feel lost and disconnected.

Some basic considerations that VA providers need to keep in mind is that the Pacific Islander or the Asian-American veteran may use culturally based methods to treat their illnesses. For example, it's important to educate [00:01.00.00] the veteran about how the herbal products interact with the Western medicine. One thing they could ask them is are there any other medicines you're using? For instance, are you using ginkgo, are you using (glucosamine), are you using—and give them some examples. Are you using any herbal products [00:01.20.00] or any sort of medicines that your family has found that this has worked before. It's very important to find out what the veteran has used before to treat this particular complaint and has that method worked? Because if it has the veteran is likely to employ that method first. [00:01.40.00]

Traditional Asian-American medicine practices include acupuncture, Eastern herbal combinations and other forms of healing. Asians also traditionally practice martial arts and tai chi which emphasize combining the mind and body and which is believed to be a deeper level of healing.

I believe that problems [00:02.00.00] of substance abuse, domestic violence, delinquency and problems that confront veterans are rooted or originate in some sense of lost connection, some sense of lost identity or lost self-esteem. Working [00:02.20.00] then in the (taro fields) is one way to reconnect with a person's identity and esteem.

Now, you're going to meet Benjamin (Wayalama) a Hawaiian and Vietnam veteran who's been in treatment for PTSD for eight years. You're going to see him experience for his first time the culturally based healing practice of working [00:02.40.00] the (taro fields), or the (calo fields) as the Hawaiians call them.

One of the reasons we have a learning center up here is to reconnect with many of our people that have come from drug abuse or substance abuse and many of them are veterans. They have lost a sense [00:03.00.00] of connectedness with their families to



their communities and to their cultures, no matter what culture they are. And we have a saying that the earth is not racist. But we start with food. And food is something we share with everyday and having lost the spirituality of food, of what we eat. So, that is one way to reconnect the spirituality of food. It can be (taro) it can be [00:03.20.00] breaking the bread, it can be rice. Whatever it is, but those are our ancestral foods.

They say (calo) literally built the Hawaiian race. Now these (calo fields) are helping to heal old wounds and helping Hawaiians reconnect to the land. Vietnam veteran Ben (Mayalawa) [00:03.40.00] grew up in the countryside of Kona, Hawaii, and remembers many family meals cooked with (calo).

At the time I didn't know that I had PTSD, but I could not deal with life on the every day schedule. I couldn't sleep, [00:04.00.00] had nightmares. I wasn't a very good person to be with. I couldn't be around where a lot of people were at. I didn't trust people. I was short-tempered [00:04.20.00] and very—in a split second I can just be on the worst side of me. And it was going on for too long that I had to do something to correct it.

PTSD not only affects the individual but more often than not has an impact [00:04.40.00] on the veteran's family. It's been a tough road for Ben, his eight children and his wife who died of cancer a few years ago. Ben first approached the Department of Veteran Affairs and said he had trouble getting someone to listen to him.

Culturally, Hawaiian and Polynesian people are very patient, [00:05.00.00] very patient. But sometimes they get to the point of giving up because they can't communicate or they lack communication or understanding of the people that is providing the service don't understand what they are trying to do.

Ben [00:05.20.00] finally had a place to share his grief and to get treatment. He was recommended for a workshop with other veterans going through similar problems related to their PTSD.

I've come a long way from where I was at. And the road was not easy, it was a lot of turmoil. [00:05.40.00] A lot of people hurt in the process of me trying to get well, my immediate family also. But I was very fortunate that the time that I finally got help things turned out to be the better for my whole self and family. [00:06.00.00] And I was fortunate that that took place.

I think providers can incorporate culturally based solutions into their interventions and practice by first linking up or networking with those providers who are actually doing it in the community today. [00:06.20.00] I think providers are also best served by learning a little bit of the cultural heritage and background and presenting (problems and strengths) of the groups they work with, but also networking with those who do the practice so that you immerse yourself and experience the interventions that are culturally derived.



As providers [00:06.40.00] keep in mind that the problems from PTSD deeply affect how a veteran relates to his or her family or others. He or she can be full of rage, mistrust or isolation. In fact, the veteran may perpetuate further emotional or physical trauma on those close to him. [00:07.00.00] In your treatment of veterans consider including the family within the treatment intervention. This is especially relevant to veterans with identities in Asian-American and Pacific Islander cultures.

Many families have been devastated by having a member of their family [00:07.20.00] having post-traumatic stress disorder. It's very difficult for them, difficult for the children and definitely difficult for the spouse. And of course now these children are adults and have had their children. So, now we have some exposure to the grandchildren.

It's also important to involve the family. [00:07.40.00] And the veteran should be encouraged to involve the family so that education can be provided about the illness and perhaps the family can be (held with) coping skills.

It's important to keep all these cultural issues in mind when working with female veterans who are Asian-American [00:08.00.00] or Pacific Islanders. Women in these cultures have similar issues about a family's shame and respect. Asian female veterans who served in the military also have found themselves in danger, mistaken for the enemy or sexually assaulted or harassed. For example, female soldiers when out of uniform were often thought of as Vietnamese [00:08.20.00] prostitutes and harassed by other soldiers. And there's another larger issue concerning a female's treatment in the military. Women were often treated as second class soldiers which may further contribute to low self esteem and identity problems. As you know, female veterans like male veterans are individuals [00:08.40.00] who should be treated based on their own unique issues and needs. The experiences and perspectives shared by our veterans and clinicians suggest we consider these factors in our interactions and treatments of our Asian-American and Pacific Islander clients. Talk story with the veteran [00:09.00.00] to allow for casual rapport building. Take the time to really listen and build a relationship. This may include you needing to answer some questions about yourself which helps the veteran feel more comfortable. Remember, you're their hope for getting help. They often come to healthcare providers with physical complaints for PTSD [00:09.20.00] rather than emotional concerns. Learn all you can about each client who comes to you and about his or her culture and beliefs. Ask questions about the veteran's combat experience and be patient while they are responding to your questions. Remember to consider whether Asian-American [00:09.40.00] Pacific Islander veterans have experienced additional traumatic events based on their ethnicity. Try a number of treatment approaches and consider making a mental health PTSD consultation and referral. Be gentle because of the stigma associated with mental health. Consider implementing culturally based treatment practices [00:10.00.00] that may be linked to the veteran's ethnicity or cultural beliefs about healing and reconnecting. Of all VA patients in primary settings 25% report PTSD symptoms. Since many Asian-American and Pacific Islander veterans may come to their medical doctor first, the primary care PTSD [00:10.20.00] screen is a great tool for use in primary care and other medical settings. It's very brief, problem-focused



and does not inquire about any specific trauma or any details of traumatic events. The series of four questions lets you know if your patient may be experiencing PTSD and in need of mental health referral. [00:10.40.00] We hope you've gained new perspectives into these wonderfully diverse ethnic groups, Asian-Americans and Pacific Islanders. Just like all the veterans you met today all veterans and their families are counting on you to understand their unique story and to continue to provide the best possible treatment. [00:11.00.00]

I hope you have found this video to be informative and useful. In VA facilities throughout the country you as clinicians work with veterans who have a wide range of cultural backgrounds. I believe your knowledge of veteran's beliefs and traditions will help to [00:11.20.00] facilitate their healing process. Learning about each veteran's culture is a worthwhile and rewarding endeavor for all care providers. I served as an Army soldier during World War II and now have the honor of serving as the chair of the Senate Appropriations Subcommittee on Defense. My experiences [00:11.40.00] have taught me that the collective backgrounds and talents of our military men and women are a powerful advantage to our country. America's diversity is one of its greatest strengths. Although Asian-Americans and Pacific Islanders fortify our defense system, [00:12.00.00] they face unique challenges as members of our armed forces. As we have heard from the interviews in this program, looking like the enemy is one of many factors contributing to the post-traumatic stress of Asian-Americans and Pacific Islanders who fought in war zones. [00:12.20.00] I'm pleased that the VA is at the forefront of treatment practices that address this and other related issues and I thank you for supporting the VA's treatment to providing the highest quality treatment for veterans of all ethnic backgrounds. Our uniformed men and women deserve our nation's support and appreciation. [00:12.40.00] Your work is one way that our nation expresses its gratitude for their efforts. Thank you for caring for America's veterans.

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